

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90030 004 ****61.25

DOCUMENT # N03000001403 1. Entity Name VILLAGE GRANDE OF DELRAY BEACH HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 65 NE 4TH AVE. DELRAY BEACH, FL 33483		* Mailing Address 65 NE 4TH AVE. # H DELRAY BEACH, FL 33483			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. Unit # H			
City & State		City & State			
Zip	Country	Zip	Country		
02022006 Chg-NP CR2E037 (11/05)					
4. FEI Number 20-3221188				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CARBONE, LOUIS J ESQ. 65 NE 4TH AVE. DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name Peter Perri Street Address (P.O. Box Number is Not Acceptable) 65 NE 4th Ave, Unit H City Delray Beach FL Zip Code 33483		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2/2/2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CARBONE, LOUIS J 11 S. SWANSON AVE DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Peter Perri 65 NE 4th Ave Unit H Delray Beach, FL 33483
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBONE, LOUIS J 11 S. SWANSON AVE DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Delete	
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBONE, KATHRYN J 65 NE 4TH AVE. DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBONE, PAT 65 NE 4TH AVE. DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 2/2/2006 <small>Date</small>	